

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
New Managers Workshop

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: August 4-5, 2004

Location: MacKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$50, which includes breaks and meal(s); **registration deadline is July 2.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending New Managers Workshop, send one check for \$100.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than July 2, 2004. Please call if attempting to register late. There will be no guarantee of your acceptance with a late registration.
6. Classes subject to space available and may be cancelled based on numbers registered as of July 2.

Participant Information

** Indicates required information! (Legible Print)*

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

New Managers Workshop

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
Strategies for Effective Team Building

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: July 27-28, 2004

Location: Scheman Building, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$125, which includes breaks and meal(s); **registration deadline is May 23, 2004.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending Strategies for Effective Team Building, send one check for \$250.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 11, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23.

Participant Information

**** Indicates required information! (Legible Print)***

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Strategies for Effective Team Building

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
Basic Math Principles for Foodservice Employees

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: August 3, 2004

Location: MacKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$20, which includes breaks and meal(s); **registration deadline is July 2, 2004.** There will be a \$5.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending Basic Math Principles for Foodservice Employees, send one check for \$40.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than July 10, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of July 2, 2004.

Participant Information

**** Indicates required information! (Legible Print)***

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Basic Math Principles for Foodservice Employees

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
Food Service Basics

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: June 16-17, 2004

Location: MacKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$125, which includes breaks and meal(s); **registration deadline is May 23, 2004.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending School Foodservice Basics, send one check for \$250.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 2, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23, 2004.

Participant Information

** Indicates required information! (Legible Print)*

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Food Service Basics

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE

Financial Management

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: July 6-7, 2004

Location: McKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$125, which includes breaks and meal(s); **registration deadline is May 23, 2004**. There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending Financial Management, send one check for \$250.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 2, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23, 2004.

Participant Information

** Indicates required information! (Legible Print)*

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Financial Management

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
Managers Update

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: June 14, 2004

Locations: ICN Locations: origination at Des Moines, Lucas Building; Waverly High School, Storm Lake Buena Vista College, Red Oak High School, and Mt. Pleasant High School (5 sites)

Registration:

1. The registration fee is \$50, which includes breaks and meal(s); **registration deadline is May 23, 2004. A minimum of 10 participants is needed at each of the outlying sites to have these remote sites.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration. Indicate the site you will attend.
3. Send a separate check for each class. (Example: If two people from your school district are attending the Manager's Update, send one check for \$100.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 2, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23, 2004.

Participant Information

**** Indicates required information! (Legible Print)***

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Managers Update

We will attend this ICN site: _____

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE
Building Your HACCP Program

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: June 9, 2004

Location: MacKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$75, which includes breaks and meal(s); **registration deadline is May 23, 2004.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending Building Your HACCP Program, send one check for \$150.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 2, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23, 2004.

Participant Information

** Indicates required information! (Legible Print)*

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Building Your HACCP Program

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Food and Nutrition

REGISTRATION FORM FOR SCHOOL FOOD SERVICE

Advanced HACCP Seminar

Return form to:
Dee Baker
Continuing Education
102 Scheman Building
Iowa State University
Ames, Iowa 50011-1112
515/294-6229

Date: June 10, 2004

Location: MacKay Hall, Iowa State University, Ames, Iowa

Registration:

1. The registration fee is \$30, which includes breaks and meal(s); **registration deadline is May 23, 2004.** There will be a \$10.00 processing fee retained for cancellations. If cancellation occurs less than one week prior to the class, there will be no refund but substitutions are welcome.
2. To register additional people for this workshop, please reproduce this form and attach all forms together when mailing in your registration.
3. Send a separate check for each class. (Example: If two people from your school district are attending Advanced HACCP Seminar, send one check for \$60.)
4. Make check or money order payable to Iowa State University.
5. Attach check or money order to the completed form and return it no later than June 2, 2004.
6. Classes subject to space available and may be cancelled based on numbers registered as of May 23, 2004.

Participant Information

** Indicates required information! (Legible Print)*

Please give the name of your school district and give the name of your school building. Please don't forget to list your position, such as Director, Supervisor, Manager, Cook, etc. On the line marked "Years" please enter the number of years that you have worked in foodservice. On the line marked "Meals" please enter the number of meals prepared daily in your operation.

Advanced HACCP Seminar

Title (Dr., Mr., Mrs., Ms., other): _____

* First Name: _____ * Last Name: _____

Name to appear on Nametag: _____

School District: _____

Name of School: _____

Position: _____

(Director, Supervisor, Manager, Cook, Bookkeeper, Secretary, Baker, Other, please specify)

Email Address: _____

* School Phone: _____ Fax: _____

* Evening Phone: _____

*Mailing Address: _____

* City: _____ State: _____ * Zip: _____

Years worked in foodservice: _____ (less than 1 yr, 2-5 yrs, 6-15 yrs, more than 16 years)

Number of meals prepared daily: _____

Signature of Authorized Rep: _____